

## Executive Summary

Included below is a summary of the public health progress that Kentucky is making and the challenges the state is facing. A snapshot of leading health indicators will be included first. These are indicators which reflect areas of major public health importance as determined by the federal Department of Health and Human Services. The leading health indicators reflect individual behaviors, societal factors, and health system issues which affect the health of Kentuckians and Kentucky communities. After the leading health indicators, the progress of other notable objectives is included. Areas in which Kentucky is making progress will be noted by a ✓ symbol. Those areas in which added emphasis is needed will be listed without notation.

### **Snapshot of Progress in the Leading Health Indicators:**

#### **Overweight and Obesity**

Obesity (BMI  $\geq$  30) among adult Kentuckians ages 20 and older has increased from 23.5 percent in 2000 to 26.1 percent in 2004.

The percentage of adolescents in high school who are overweight has increased from 12.3 percent in 2001 to 14.6 percent in 2003.

#### **Physical Activity**

- ✓ The level of moderate physical activity among Kentucky adults increased from 28.9 percent in 2001 to 33.8 percent in 2003.

#### **Tobacco Use**

- ✓ The percentage of Kentucky adults who are current smokers declined from 30.8 percent in 1998 to 27.5 percent in 2004.
- ✓ Among Kentucky high school students, the percentage who smoked cigarettes in the past 30 days declined from 37 percent in 2000 to 28 percent in 2004.
- ✓ The proportion of young people in grades 9 through 12 who have never smoked increased from 26 percent in 2000 to 31 percent in 2002.

#### **Substance Abuse**

- ✓ The percentage of adolescents who report using alcohol or marijuana during the past 30 days has decreased from 49.3 percent in 1997 to 45 percent in 2003 for alcohol and from 28.4 percent in 1997 to 21 percent in 2003 for marijuana.

The percentage of adolescents who report having ever used cocaine, steroids, or other injectable substances has increased. Cocaine use increased from 8.3 percent in 1997 to 9.8 percent in 2003. Steroid use increased from 6.1 percent in 1997 to 7.1 percent in 2003. Injecting drug use increased from 2.6 percent in 1997 to 3.2 percent in 2003.

Among Kentucky adults, binge drinking increased from 8.7 percent in 2001 to 9.6 percent in 2004. However, Kentucky still has one of the lowest percentages of binge drinking in the nation.

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**Responsible Sexual Behavior**

- ✓ Pregnancies among females ages 15-17 have decreased from 31.9 per 1,000 in 2000 to 25.8 per 1,000 in 2004.

**Mental Health**

- ✓ The percentage of Kentucky children with severe emotional disabilities who receive mental health services from Mental Health/ Mental Retardation (MH/MR) Boards or their subcontractors has increased from 22 percent to 39 percent. The target for this objective has been achieved.
- ✓ The percentage of adult Kentuckians with severe mental illness who receive mental health services from (MH/MR) Boards or their subcontractors has increased from 28 percent to 37 percent. The target for this objective has been achieved.

**Injury and Violence**

The death rate from motor vehicle crashes has increased from 16.5 deaths per 100,000 to 18.8 deaths per 100,000.

- ✓ The death rate from homicides has decreased slightly from 4.9 per 100,000 in 2000 to 4.6 per 100,000 in 2003.

**Environmental Quality**

- ✓ The proportion of manufacturing worksites that prohibit smoking indoors increased from 43 percent in 2000 to 49.3 percent in 2004.

**Immunizations**

- ✓ Kentucky has surpassed the national childhood immunization coverage rates for children 19-35 months of age for the vaccination series of DTaP, polio, MMR, Hib, hepatitis B, and varicella. The percentage of children in this age group adequately immunized has increased from 77 percent in 2000 to 81.2 percent in 2004.
- ✓ Kentucky has exceeded the 2010 immunization series coverage target of 95 percent of kindergarteners (with the exception of varicella which is 84.5 percent).
- ✓ The percentage of non-institutionalized Kentuckians 65 and older who have been immunized against influenza has increased from 60.9 percent in 2001 to 64.9 percent in 2004; the percentage immunized against pneumonia has increased from 55.1 percent in 2001 to 57.7 percent in 2004.

**Access to Health Care**

The proportion of adult Kentuckians without health care coverage has increased from 14.3 percent in 1998 to a high of 18.2 percent in 2002. The prevalence in 2004 was 14.9 percent.

The proportion of adults who have a specific source of ongoing primary care has decreased from 84.4 percent in 2001 to 82.9 percent in 2004.

**Other Data of Note:**

The percentage of adult Kentuckians who have been told by a doctor that they have diabetes increased from 5 percent in 1996-98 to 7.5 percent in 2004.

In Kentucky, the death rate from diabetes as a leading or contributing cause of death increased from 76 per 100,000 in 1999 to 78 per 100,000 in 2002.

The prevalence of asthma among Kentucky adults has increased from 7.8 percent in 2000 to 8.3 percent in 2004.

- ✓ The rate of Kentuckians dying from heart disease has decreased from 316 deaths per 100,000 in 1997 to 290 per 100,000 in 2002.
- ✓ The percentage of adult Kentuckians who have had their blood cholesterol checked in the preceding five years has increased from 66 percent in 1997 to 73.9 percent in 2003.
- ✓ The breast cancer death rate decreased from 28.1 per 100,000 women in 1997 to 27.6 per 100,000 women in 2002.
- ✓ The death rate from cancer of the uterine cervix declined from 4.3 per 100,000 women in 1997 to 2.4 deaths per 100,000 women in 2002. The target for this objective has been achieved.
- ✓ The incidence of tuberculosis is at an historic all time low in Kentucky—with only 3.1 cases per 100,000 in 2004.
- ✓ The infant mortality rate has decreased from 6.7 per 1,000 live births in 2000 to 6.5 per 1,000 live births in 2004.
- ✓ Neural tube defects have decreased from 8.7 per 10,000 births in 2000 to 5.3 per 10,000 births in 2004. The target for this objective has been achieved.
- ✓ The Kentucky All Schedule Prescription Electronic Reporting (KASPER) database has been implemented statewide. This electronic database was designed to capture information on prescriptions for controlled substances that are dispensed within Kentucky. This informational system facilitates targeting of individuals (prescribers, dispensers, and end users) who are in violation of Kentucky's Controlled Substances Act. The electronic information system also provides valuable information to prescribing health care professionals on other controlled substances that the patient may be using.

### **Health Disparities**

One of the main overarching goals of *Healthy Kentuckians 2010* is to eliminate health disparities. Kentucky still faces many challenges in addressing this goal. Health disparities by race, gender, geographic region and socioeconomic status continue to exist throughout Kentucky. Of particular concern, are the many health disparities between the races that are included below:

**Obesity:** A racial disparity exists in the prevalence of adult obesity in Kentucky. From 2000-2004, the prevalence of obesity was considerably higher among African Americans. In 2004, 39.2 percent of African Americans were obese compared to 25.5 percent of whites.

**Diabetes and Asthma:** Many health conditions for which obesity is a risk factor, such as diabetes and asthma, also affect African Americans disproportionately. In 2004, 12.9 percent of adult African Americans had been told by a doctor that they had diabetes compared to 7.4 percent of whites. In 2002, diabetes as a primary cause of death was the fourth leading cause of death for African Americans (64.9 per 100,000), but it was the seventh leading cause of death for whites (29.4 per 100,000). From 2000-2004, the prevalence of asthma was consistently higher among African Americans, and in the past few years, the disparity has increased. In 2004, the prevalence of asthma was 14.8 percent among African American adults compared to 8.0 percent among white adults.

**AIDS and Other STDs:** Disparities also exist in the incidence of AIDS and other sexually transmitted diseases. In 2003, the incidence of AIDS was over seven times higher among African Americans (24.3 per 100,000) compared to whites (3.2 per 100,000). In 2003 among African American females age 15 and older, the combined rate of gonorrhea, chlamydia, and syphilis infections (1,975 per 100,000 females) was over eight times higher than the rate among white females age 15 and older (238 per 100,000 females).

**Adolescent Pregnancy, Low Birth Weight, and Infant Mortality:** The overall adolescent pregnancy rate for females age 15-17 declined 19 percent over the past five years. However, a disparity exists in the pregnancy rates for adolescent African Americans, 47.9 per 1,000 females, compared to adolescent whites, which was 24.7 per 1,000 females in 2004. Among African Americans, low birth weight was 13.1 percent compared to 8.0 percent among whites in 2004. Infant mortality is another area in which racial disparities exist. Over the past five years, the infant mortality rate for African Americans has been twice the rate for whites. In 2004, the infant mortality rate for African Americans was 11.9 per 1,000 live births compared to 5.5 per 1,000 live births for whites.